External Canal Cerumen Infection R L R L	1 X PREEMP 2 X BASELINE 2 Annual 4_REHIRE/RECALL 5_TERMIN 6_RETIREMENT 7 Retest 8 X_Powered Industrial Truck Assessment	Sex DATE OF BIRTH Dept. PEP X	Last Name First Name M.I.	Jacksonville, IL	HCI National Mobile Health Programs Reynolds Consumer Products
Perforation Redness Normal Employe	COMMENTS	YES NO DO YOU REQULARLY WEAR EAR PLUGS OR MUFFS WHILE AT WORK?	PRESENTUOB YESNO HAVE YOU BEEN AWAY	NAME OF YOUR PRESENT JOB NAME OF YOUR PRESENT DEPT. NUMBER OF YOUR PRESENT DEPT. JOB CLASSIF. (IF EXISTING) D=DAN A=AFT, M=MIDN S=SPECIAL TOTAL NO. YEARS WORKED FOR THIS COMPANY	LEFT EAR Work History Fill in applicable blanks and check appropriate box
Employee Signature	FARM / OPER. HEAVY MACHINERY PRIV. FLYING / CAR RACING HUNTING/SHOOTING POW'RBOATING / WATERSKIING MILITARY SERVICE	RIGHT LEFT 8. HAVE YOU EVER HAD EAR INJURY? RIGHT LEFT 9. DO YOU WEAR A HEARING AID? RIGHT LEFT MOTORCYCLES / ATV's / 4-WHEELERS MUSICIAN / LOUD MUSIC	? AD EAR SUR	1. EITHER PARENT OR GRANDPARENT WITH HEARING TROUBLE BEFORE AGE 50? 2. RINGING IN EARS AFTER WORK? 3. EARACHES, EAR INFECTIONS OR DRAINAGE FROM EARS MORE THAN ONCE PER YEAR? 4. BAD COLD OR FLU TODAY?	8
992548 SERIAL #	M 3/16/2023 E MO DAY YR T RA / 500 R MODEL #	TECH NAME A TECH CERT #	AGTIDALY (AM) PM	AUDIOMETRIC Tech TO WRITE BELOW HERE X AUTO MAN TEST SITE Jacksonville	dB TWA 87 Noise Exp. Code

SERIAL #	empoyee Signature	X C X C Employe	X
992548		rforation Redness	erumen Infection
		<u>Drum</u>	External Canal
RA / 500			7 Retest 8 X_ Powered Industrial
	POW'RBOATING / WATERSKIING		5 TERMIN 6RETIREMENT
MO DAY YR	HUNTING/SHOOTING E	X	2 Annual 4_ REHIRE/RECALL
M 3/16/2023	PRIV. FLYING / CAR RACING	COMMENTS	1 X PREEMP 2 X BASELINE
O LAST CALIBR.	INERY		
	MUSICIAN / LOUD MUSIC		Dept
	SNOWMOBILES / MOTORCYCLES	MUFFS WHILE AT WORK?	
	RGHEF	WEAR EAR PLUGS OR	DA IE OF BIRTH
	EARING AID?	TESNO DO YOU REGULARLY	7
	LEFT	Š	
TECH NAME	D EAR INJUR	14 TO 16 HOURS ?	GENDER MO. DAY YEAR
G	RIGHT LEFT		
HOURD STAM PM	AD EAR SURG	YES NO HAVE YOU BEEN AWAY	M.I.
ACTUAL -	RIGHT IFFT		
	6 TROUBLE HEARING?	PRESENT JOB	
DATE	SINUS ATTACKS?	TOTAL NO. YEARS ON	
TEST	5 FREQUENT ALLERGY ASTHMA	I TI S COMPANY	
GGCCGCTATTIC	A RAD COLD OB FILL TODAYS	THIS COMPANY	Cooker Occorny regimeer
lacksonville	ONCE DEB YEARS MORE THAN	TOTAL NO VEABLE MORKED FOR	Social Security Number
	3. EARACHES, EAR INFECTIONS OR	D=DAY, A=AFT, M=MIDN, S=SPECIAL	
X AUTO MAN	2. RINGING IN EARS AFTER WORK?	JOB CLASSIF. (IF EXISTING)	
HERE	AGE 50?	NUMBER OF YOUR PRESENT DEPT.	Jacksonville, IL
TO WRITE BELOW	WITH HEARING TROUBLE BEFORE	NAME OF YOUR PRESENT DEPT.	
AUDIOMETRIC Tech	1. EITHER PARENT OR GRANDPARENT	NAME OF YOUR PRESENT JOB	
	YES NO		
Noise Exp. Code	estion	appropriate box	
	Check YES or NO for each of the	Fill in applicable blanks and check	
dB TWA 87	Hearing History	Work History	Reynolds Consumer Products
	RIGHT EAK		National Mobile Health Frograms
	DOTTO	EET EAD	Mational Mahila Upalih Donne
	500 1000 2000 3000 4000 6000 8000	500 1000 2000 3000 4000 6000 8000	HC.
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